

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Jeff Schulz

Application No.: 09/686,539

Filed: 10/11/2000

For: PARITY EXCHANGE

Group No.: 2663 Examiner: C. Nguyen

RECEIVED

OCT 2 6 2004

Technology Center 2600

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

Applicant is other than a small entity. 2.

EXTENSION OF TERM

The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. 3. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10*

(When using Express Mail, the Express Mail label number is mandatory; Express Mail certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

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37 C.F.R. § 1.8(a)

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TRANSMISSION

☐ facsimile transmitted to the Patent and Trademark Office, (703)

Tracey L. Milka

(type or print name of person certifying)

^{*} Only the date of filing (§ 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under § 1.8 continues to be taken into account in determining timeliness. See § 1.703(f). Consider "Express Mail Post Office to Addressee" (§ 1.10) or facsimile transmission (§ 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	OT	HER	THAN A	SM	SMALL ENTITY		
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO PREVIOUSLY PAID FOR	PRESENT EXTRA		RA'	ГЕ		ADDIT. FEE		
TOTAL	15	- 20	= 0	х	\$	18.00	=	\$	0.00	
INDEP.	2	- 3	= 0	х	\$	88.00	=	\$	0.00	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM+					\$	0.00	=	\$	0.00	
					AD	TOTAL DIT. FEE		\$	0.00	

No additional fee for claims is required.

FEE DEFICIENCY

5. If an additional extension and/or fee is required, charge Account No. 19-0737.

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